



STATE OF MARYLAND

DHMH

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Public Health & Emergency Preparedness Bulletin: # 2009:30 Reporting for the week ending 08/01/09 (MMWR Week #30)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

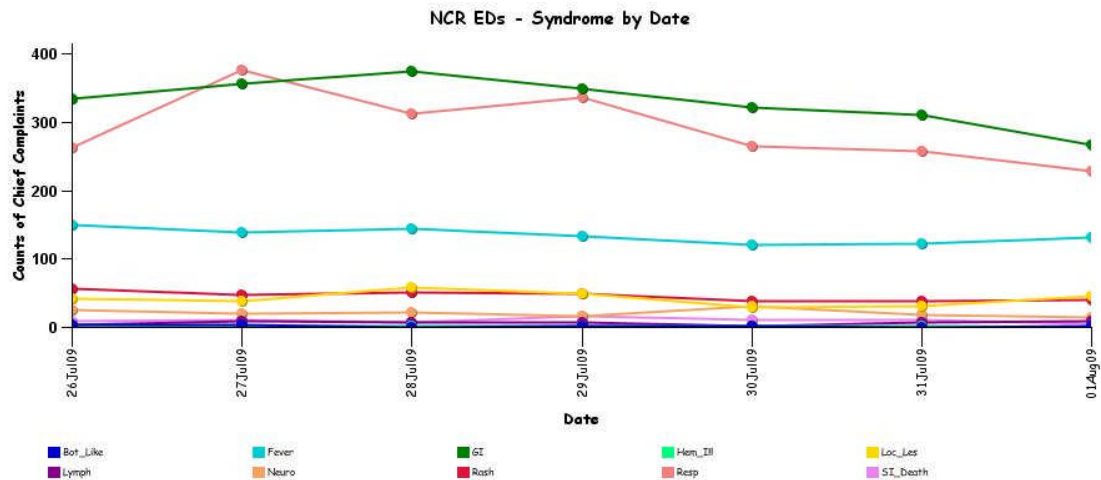
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

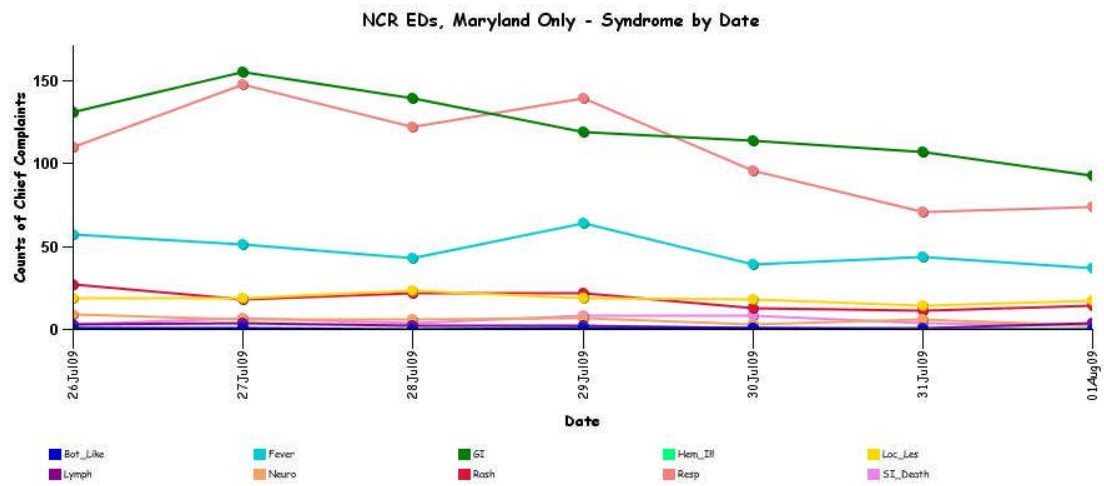
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

****Data for graph of NCR EDs is not complete due to technical issues.**

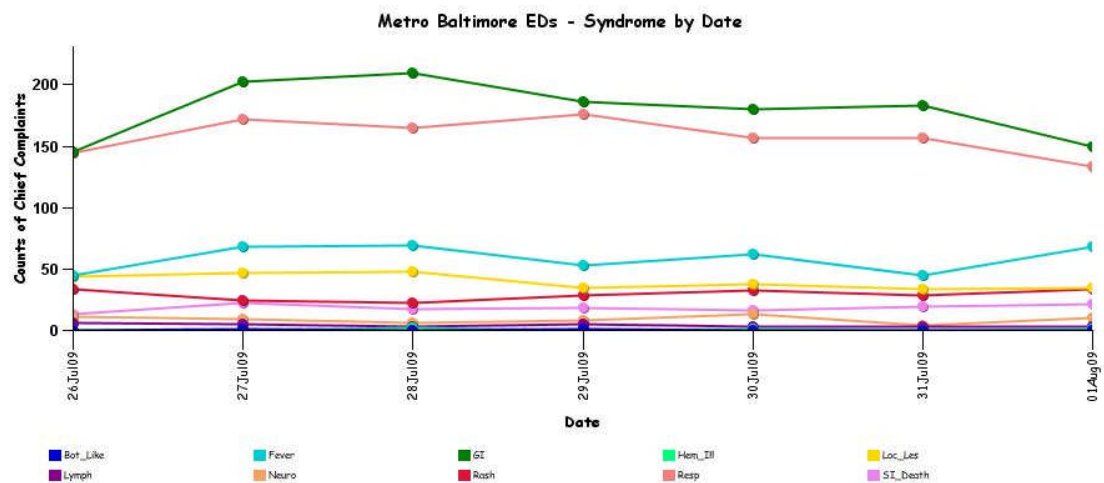


* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.

****Data for graph of NCR EDs, Maryland Only is not complete due to technical issues.**



* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

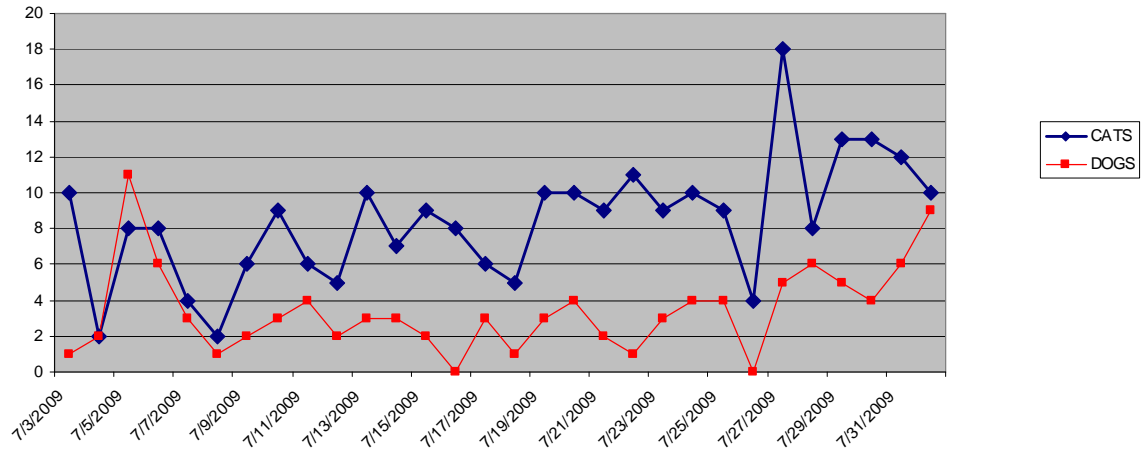


* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**** Red Alerts are not indicated on this graph.**

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

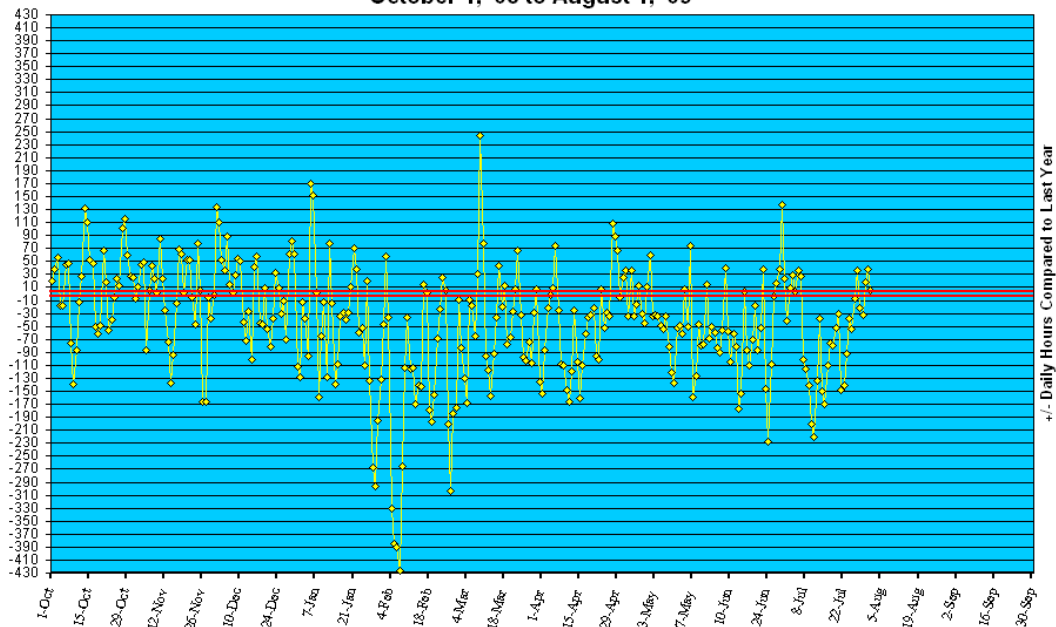
Dead Animal Pick-Up Calls to 311



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/08.

Statewide Yellow Alert Comparison
Daily Historical Deviations
October 1, '08 to August 1, '09



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2009 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (July 26 – Aug 01, 2009):	19	0
Prior week (July 19 – July 25, 2009):	29	0
Week#30, 2008 (July 20 – July 27, 2008):	14	0

OUTBREAKS: 2 outbreaks were reported to DHMH during MMWR Week 30 (July 26- August 1, 2009):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Homeless Campsite

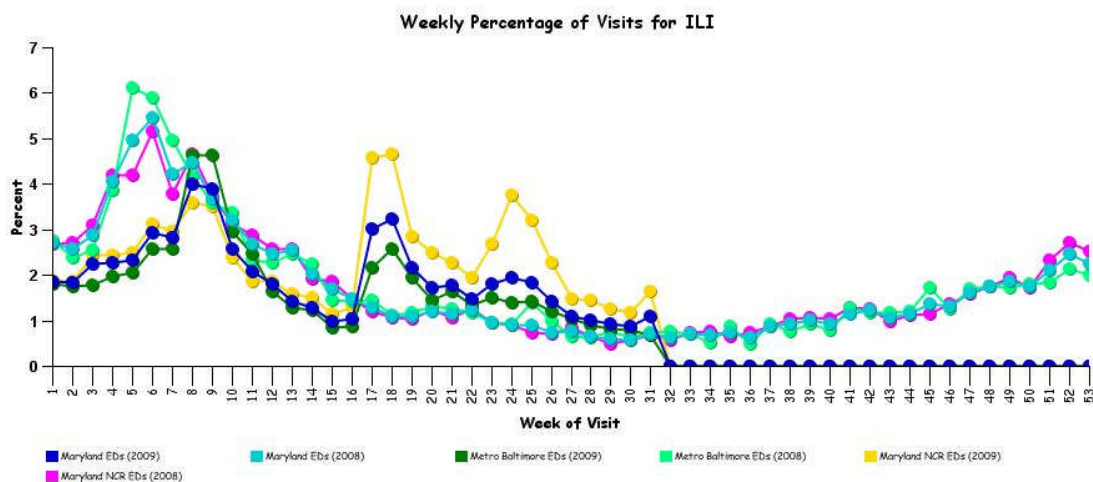
1 Rash illness outbreak

1 outbreak of SCABIES associated with an Assisted Living Facility

MARYLAND INFLUENZA STATUS: Influenza activity in Maryland for Week 30 is LOCAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



*Graph shows proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.

PANDEMIC INFLUENZA UPDATE:

WHO Pandemic Influenza Phase: Phase 6: Characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5. Designation of this phase will indicate that a global pandemic is under way. Definition of Phase 5 is characterized by human-to-human spread of the virus into at least two countries in one WHO region. While most countries will not be affected at this stage, the declaration of Phase 5 is a strong signal that a pandemic is imminent and that the time to finalize the organization, communication, and implementation of the planned mitigation measures is short.

US Pandemic Influenza Stage: Stage 0: New domestic animal outbreak in at-risk country

****More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:**
<http://bioterrorism.dhmmh.state.md.us/flu.htm>

AVIAN INFLUENZA-RELATED REPORTS:

WHO update: As of July 01, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 436, of which 262 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA, HUMAN, SUSPECTED (Indonesia): 31 Jul 2009, A 17-year-old girl was admitted Friday 31 Jul 2009 to the Wahidin Sudirohusodo Hospital in Makassar, South Sulawesi, with what is suspected to be an H5N1 infection. Hospital spokesman, Khalid Saleh, said the teenager displayed symptoms of avian flu, including fever, cough, nausea, and suffocation. She became sick after a number of chickens around her home suddenly died. A doctor who treated her said her temperature exceeded 39 deg C [102.2 deg F] for 3 days and that she displayed other symptoms of avian flu, Khalid said. The teenager is now receiving treatment in an isolation room, under the close watch of medical workers. Head of the husbandry unit at the Makassar Agriculture and Maritime Agency, Yulistiawati, said a government team had been assigned to conduct surveillance in the girl's neighborhood in the Sudiang sub district in an effort to prevent the spread of the virus. Avian flu has claimed the lives of over 100 people in Indonesia, compared to just one H1N1 death.

H1N1 INFLUENZA (Swine Flu):

INFLUENZA PANDEMIC (H1N1), VACCINE PRIORITIES: 30 Jul 2009, Anticipating that not enough swine flu [influenza pandemic (H1N1) 2009 virus] vaccine will be available to immunize every American in time for the expected surge of cases this fall and winter, health experts recommended on Wednesday 29 Jul 2009 that certain people should be vaccinated first. The top priority group, 150 million Americans in all, or about half the population, would include health care workers and emergency medical responders, because their jobs are critical. It would also include people with the highest risk of complications and severe illness from the new H1N1 virus: pregnant women; people caring for infants under 6 months; children and young adults from 6 months to 24 years; and people aged 25 to 64 with medical problems like asthma, diabetes or heart disease. The recommendations were issued at a meeting of the Advisory Committee on Immunization Practices (ACIP), a panel of medical experts from around the country that advises the Centers for Disease Control and Prevention. The group has 14 members who voted on the recommendations and the CDC usually take their advice in issuing guidelines for state and local health officials. But once the panel made its initial recommendation, members struggled and argued about what to do if there was a severe shortage of the vaccine and the eligibility requirements had to be drawn even tighter. Ultimately, the group decided that if the shortage was severe, healthy children over 4 would not be vaccinated, nor would any adults except pregnant women, health and emergency workers and people caring for infants. Those cuts would reduce the number of vaccinations needed in the 1st round to about 40 million. The decisions are being made against a backdrop of uncertainty and in real time, as the pandemic continues to unfold in this country and around the world.

INFLUENZA PANDEMIC (H1N1), 33 PERCENT ASYMPTOMATIC (Peru): 30 Jul 2009, The Ministry of Health (MINSA) revealed that 33 percent of people infected with influenza (H1N1) are asymptomatic, that is, they present no symptoms of the disease. MINSA's director general of epidemiology, Jose Bolarte, said that of the cases of infection reported so far, 37 percent show some of the symptoms related to the common cold, such as nasal congestion, sore throat, headache, and even body aches. Nevertheless, there is no fever, or at least not the high fever characteristic of influenza (H1N1), which is higher than 39 deg C [102.2 deg F] and requires immediate medical care. "The patients do not necessarily consult a health center or seek medical attention because they recover in 3 or 4 days with conventional medicines, a healthy diet, and plenty of liquids," Bolarte said. He added that, according to statistics, another 30 percent of people infected with influenza (H1N1) can show all the symptoms of the disease. Therefore, prompt and adequate care by health services is required paying particular attention to the 'risk groups,' such as children younger than 5 years of age, the elderly, persons with depressed immune systems, such as those with tuberculosis or who are HIV positive, persons with hypertension, diabetes, Down syndrome, bronchial asthma, and pregnant women, among others. Bolarte noted that in Peru less than one percent of the patients with influenza (H1N1) die and that, furthermore, to date the number of patients who respond well to treatment and are discharged exceeds 80 percent of the total cases. He explained that when people contract influenza (H1N1) and recover with medical treatment, they won't become re-infected because their body generates the specific defenses against this type of virus and prevents the infection from recurring.

Bolarte emphasized that MINSA has an epidemiological and virological surveillance system in place, which tracks the behavior of diseases such as influenza in its seasonal and (H1N1) variants.

INFLUENZA PANDEMIC (H1N1) (Viet Nam): 28 Jul 2009, After 3 people with swine flu were found traveling by train from Ho Chi Minh City to Hanoi on 26 Jul 2009, the Ministry of Health has sounded a warning about the threat of contracting influenza pandemic (H1N1) virus infection by using public transport. The passengers on the train were told to isolate them at homes, monitor their health condition, and inform health authorities immediately if they suffer flu symptoms of fever, cough, and sore throat. Meanwhile, the disease continues to spread in Viet Nam, with 45 more new cases reported on 26 Jul 2009, taking the total number so far to 612, health officials said. The Department of Preventive Medicine in the southern province of Binh Duong said an expatriate working for THP Company tested positive for the virus and he is also suspected of transmitting it to a colleague. Health authorities have quarantined them as well as a 3rd person with flu symptoms who had been in contact with them. The deputy director of the Department of Preventive Health in the central province of Ha Tinh, Nguyen Luong Tam, confirmed on 26 Jul 2009 that a 30-year-old man died of bird flu (H5N1) at the General Hospital. The man had been rushed to hospital the previous day with pneumonia, high fever, headache, muscular and joint pain, cough, breathing difficulty, and vomiting. Doctors diagnosed him as having avian influenza and isolated him. They found his lung to be seriously damaged. He died on 26 Jul 2009. Health workers later found diseased poultry at the man's house. He also had contact with a female relative, a teacher at Ngo Thoi Nhiem private High School in District 9, where 73 students and 5 teachers have contracted swine flu (H1N1).

Resources:

<http://www.cdc.gov/h1n1flu/>

<http://www.dhmm.maryland.gov/swineflu/>

NATIONAL DISEASE REPORTS

EASTERN EQUINE ENCEPHALITIS, EQUINE (North Carolina): 27 Jul 2009, Public health officials are on alert after cases of a deadly mosquito-borne disease were found in Columbus and New Hanover counties. Crews sprayed for mosquitoes in Castle Hayne, after eastern equine encephalomyelitis was found in a chicken flock that is regularly tested for illnesses there. A horse in Columbus County was recently put down after testing positive for EEE. According to the Centers for Disease Control, there is an average of only 5 cases in humans in the US each year. However, EEE is one of the deadliest mosquito-borne diseases. "We ask that people just be sure if you're outside at dusk and dawn that you wear long sleeves or long pants if possible," said Dave Jenkins of the New Hanover County Environmental Health. "Apply DEET or some other insect repellent if you're going to be out and you know the mosquitoes are biting." Mosquitoes breed in even a little bit of stagnant water, so be sure to regularly clean out old tires, rain gutters, and other areas around your property. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

PLAGUE, PNEUMONIC (China): 01 Aug 2009, One person has died of pneumonic plague which infected 11 others in the Hainan Tibetan Autonomous Prefecture, northwest China's Qinghai Province, said the province's health bureau. The 11 infected patients, hospitalized in quarantined wards, are in stable conditions. Most of them are relatives of the dead person, a 32-year-old herdsman, said a press release from Health Bureau of Qinghai Province. The province sent a team of experts to the area and had the plague under control, said the release. The local government quarantined the source of the plague, Ziketan town, and its vicinity. The area has sufficient supplies and the quarantine has not disrupted the basic needs of the locals, according to the release. The health bureau demanded those who have fever and cough and have been to Ziketan town and its vicinity after 16 Jul 2009 to go to hospital. Ziketan town, in Xinghai county of Hainan Tibetan Autonomous Prefecture, covers 3000 square kilometers and has a population of 10, 000. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN, BOVINE (Kyrgyzstan): 31 Jul 2009, Kyrgyz Emergency Ministry reports that 5 more patients have been taken to hospital with anthrax symptoms in Jalalabad. All are residents of Semet village, Aksy region, where farmers ate cow meat and 10 days later turned to hospital with ulcers typical for anthrax. The patients are taken care of now, while 167 persons who might have tried that meat are taken under medical control. The Kyrgyzstan's south experienced an anthrax outbreak in 2008. That time the epidemic killed one and brought dozens to hospital. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

ANTHRAX, HUMAN (Kazakhstan): 31 Jul 2009, An outbreak of anthrax has been observed close to Astrakhan. A total of 185 people are under medical observation. The administration of Astrakhan Rosselkhozadzor has informed the correspondent of "Visota 102" that an anthrax outbreak has been registered in neighboring West-Kazakhstan oblast. Cases of infection have been found in the settlements of Volodarka in Zelenovskiy rayon and of Akbulak in Burlinskiy rayon. The Ministry of Health of Kazakhstan reports that 4 people contracted the infection and 185 more are under medical observation. Causes of this outbreak are declared bad condition of some farms, and the non-compliance of producers

with sanitary, veterinary and anti-epizootic regulations. The Astrakhan Rosselkhoz nadzor keeps its eyes open on the health status of residents and animal population in bordering regions. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (India): 31 Jul 2009, More than 100 mine workers in the South Goa district have been infected with chikungunya virus, health minister Vishawajeet Rane said in the state assembly Wednesday 29 Jul 2009. Rane was speaking in response to a calling attention motion moved by Sanguem legislator Vasudev Gaonkar, who claimed that a chikungunya outbreak was spreading towards the town from the rural areas of Quepem and Sanguem, around 60 km from Panaji. "The trend that is evolving is that mining workers are affected by chikungunya virus infection. More than 100 blood samples have been drawn and have been diagnosed as chikungunya. The outbreak is similar to the one which occurred in Candolim last year," Rane said, adding that the disease first made its appearance in the mining belt of Quepem and Sanguem in January this year. "The directorate of health services is monitoring the situation. Additional staff has also been deployed and health surveys in the areas have been completed. The patients affected have been identified," Rane said. Chikungunya is a virus which is transmitted to humans by virus-carrying Aedes mosquitoes. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (Brazil): 28 Jul 2009, The State Secretariat of Health (SESA) confirmed this Wednesday 22 Jul 2009 the death of a 13-year-old boy who was infected by a hantavirus. This is 1st occurrence of the year in Parana. The Head of Division of Zoonoses of SESA, Giselia Rubio, said that the agency does not know whether the transmission occurred in Curitiba, where the boy lived, or Araucaria, where he was visiting relatives. The family of the boy said the health status of the boy became suddenly worse. They believe the boy's contact with rats occurred near the residence of the grandmother in Rio Bonito, in the Tatuquara neighborhood in Curitiba. On 20 Jun 2009 he played football in a field the area, where he could have been bitten by an animal in a location with high weeds. The victim's aunt said that approximately 7 days later he had symptoms of a cold and was taken to hospital with fever, headache, and vomiting. The family returned to the hospital 2 more times until he was transferred to the intensive care unit (ICU). He felt shortness of breath, had vomiting, cough, and pain in his body. However, Giselia Rubio explained that the boy had not acquired the infection as the family thought, because transmission needs aspiration of dust contaminated with saliva, feces, or urine from virus infected wild rats. It is unlikely that the boy had trampled on a wild rodent, or been bitten by the animal, which caused the virus transmission, even if he had a wound on the foot, she said. According to the head of the Division of Zoonoses of SESA, there is no specific treatment, drug, or vaccine for hantavirus infections. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhnh.state.md.us/>

Maryland's Resident Influenza Tracking System: www.tinyurl.com/flu-enroll

Prevention and Control of Seasonal Influenza with Vaccines; Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009 - MMWR Recommendations and Reports, July 31, 2009/Vol. 58/No. RR-8. This report updates the 2008 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine for the prevention and control of seasonal influenza. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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